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Anti-abortion Myths in Political Discourse,

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Introduction

Many politicians in Northern Ireland continue to oppose any modernisation of the law surrounding abortion on morally conservative or religious grounds. During political debate the citation of false and dubious claims about the possible after effects of abortion and the lack of demand for abortion in Northern Ireland results in the creation of an 'abortion mythology'. This chapter considers two debates on abortion in the Northern Ireland Assembly in 2000 and 2013. Whilst the earlier debate was characterised by myths tending to focus on the mental and physical effects of abortion on women and the false assumption that criminalising abortion decreases demand, evidence from the more recent debate is littered with claims that women who wish to access abortion are 'vulnerable' or in need of protection, therefore indicating that all women who wish to access abortion are in some way 'at risk' This chapter presents initial findings from a study funded by the British Academy on the political discourse of abortion in Northern Ireland. The purpose of this research project is to consider, specifically: the language used in political debate to describe women, the foetus and the act of abortion; and from this to examine the underlying gendered assumptions and stereotypes which exist towards women and their agency in Northern Ireland.

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This chapter explores and provides evidence to dispel the common myths associated with abortion in Northern Irish political discourse and analyses the evolution of the mythology surrounding abortion which continues to position access to abortion as a wholly negative experience / consequence for women.

In the UK, abortion is legislated for under the criminal law, in particular the Offences Against the Person Act 1861, which criminalises any woman who has an abortion, and anyone assisting a woman to abort. Abortion law was reformed in England, Scotland and Wales in 1967, to permit abortion under particular circumstances. Northern Ireland despite being part of the UK however did not introduce legal reform and its legislative position has never been brought into line with the rest of the UK. Politicians in central UK government, Westminster, did on occasion make attempts to introduce the law however these efforts were stymied. For example, as Thomson, (this volume), considers, Emily Thornberry and then Diane Abbott, Labour MPs, sought to add an amendment to the 2008 Human Fertilisation and Embryology Bill to extend the 1967 Abortion Act to Northern Ireland. This move was opposed by the then Minister for Health, Alan Johnson, who stated that to do so would have a destabilising effect on the Northern Ireland Peace Process[1]. Using abortion as a bargaining tool, the Prime Minister at the time, Gordon Brown, promised to halt the amendment in order to secure votes from the leading Northern Ireland party at Westminster, the Democratic Unionist Party (DUP) for a controversial security bill.[2]. The DUP, as described later in this chapter, have led opposition to abortion reform in Northern Ireland, and have well-established relationships with ant-abortion groups

The lack of modernisation in Northern Irish law has meant that case law precedent sets the parameters under which abortion may take place. Therefore

abortion is legally permitted where the woman's life is in danger or the pregnancy poses a "real and serious, permanent or long term" risk to her health[3]. The circumstances continue to be restrictive resulting in an average of 45 legal abortions per year carried out in Northern Ireland, whilst an average of 1000 women per year travel to England or further afield to access abortion services. Others purchase the Early Medical Abortion Pill online and self-abort at home. In addition to a restrictive legal environment, medical staff have no guidance to assist them in interpreting the law, despite a ten-year legal battle led by N.I.'s Family Planning Association against the Department of Health[4].

Northern Ireland is commonly agreed to be a divided society[5]. Despite a formal peace agreement in 1998 (commonly referred to as the Good Friday Agreement), politics in the region continues to be divided along ethno-national and sectarian lines. Political parties defined by ethno-nationalism, dominate the political landscape. The Democratic Unionist Party (DUP) and the Ulster Unionist Party (UUP) are the core Unionist parties and Sinn Fein (SF) and the Social Democratic and Labour Party (SDLP) are the principal Nationalist parties. Parties organising on a non-sectarian basis, such as the Alliance or Green party, are stymied by the sectarian nature of voting patterns. Despite political parties using a zero-sum game approach to politics, where one ethnic group's gain is another's loss, the issue of abortion continues to be positioned politically as one which unites faiths and nationalisms across Ireland, north and south. As a result, political discourse is heavily infused with a 'pro-life / anti-choice' sentiment which makes breaking the stigma and silence around the topic difficult and consequently, myths about abortion and the women who seek abortion abound. Such myths are commonplace in political debate.

The Northern Ireland Assembly has held four debates on abortion since 1998. These debates are notable for their anti-abortion rhetoric. The Assembly is also clearly a male-dominated environment with the lowest rate of female participation within the devolved UK Assemblies (19% in the 2012-2016 mandate). Consequently, debates are constructed around male voices and perspectives. Opposition to abortion is premised on conservative moral and religious beliefs and in line with international trends in faith-based lobbying, the application of a human rights discourse which equates the foetus as having equal or superior rights to a pregnant woman.[6] Politicians cite dubious statistics and evidence in an attempt to convince the general population that abortion is generally 'a bad thing' for women and for the society of Northern Ireland.

Political discourse and mythology on abortion has been influenced by the material of anti-choice lobbying groups. The All Party Prolife group, which operated in the Assembly from 2007 until 2015, was heavily shaped by one particular anti-choice group. The secretariat to the group was initially provided by the DUP, and then by Bernadette Smyth, founding member of Precious Life. Precious Life is a group, well-known in Northern Ireland for its visible anti-choice campaigning. Smyth has a high public profile in lobbying for anti-abortion causes and has publically stated her close relationship with the DUP. During the operation of the All-Party Group, it held private meetings at the Assembly, access to which had to be approved by Ms. Smyth. The discourse used by Precious Life indicated through its policy consultation responses and website articles[7], has been mirrored in political discourse, more so in the recent debates.

Discourse plays a role in producing and reproducing societal attitudes and prejudices on particular topics.[8] The elite political discourse on abortion in Northern

Ireland continues to present abortion myths as fact and as a result continues to stigmatise both abortion and the women seeking abortion. Such discourse therefore has potential to shape both public opinion and the direction of legislative change in the region, as a result furthering the continuance of restrictive legislation surrounding access to abortion. It is clear that discourse on abortion, although continuing to be negative, has evolved from a firmly anti-woman sentiment to a more insidious protectionary narrative. This change is in line with international anti-abortion discourses.[9]

Cannold notes that in the latter part of the 20th century and the early 21st century the mythology surrounding abortion was typified by a 'woman-centred' anti-choice approach.[10] Such arguments aim to convince the ambivalent majority that women do not choose abortion but are forced into it and subsequently experience a range of physical and mental traumas. This approach was formulated in response to a backlash against foetus centred arguments which often demonised women. As a result, women-centred claims position the anti-choice lobby as the true supporters of women's health and attempt to convince the public to oppose abortion as it has negative consequences for women's health and future well-being. As will be demonstrated throughout the chapter, opposition to abortion is being 're-packaged' in a pro-women sentiment.

Research Approach

This chapter will document language used in two debates in the Northern Ireland Assembly on abortion; one in 2000, and the other in 2013. The chapter will provide further understanding of the mythology surrounding abortion in Northern Ireland, the positioning of women and attitudes towards them in contemporary Northern Ireland, and the continuance of restricted access to abortion in the

region. The debate in 2000 was prompted by a motion tabled by the DUP MLA Jim Wells entitled "That this Assembly is opposed to the extension of the Abortion Act 1967 to Northern Ireland". This debate is particularly interesting as policing and justice powers had not been devolved to the Assembly at this point and therefore the power to legislate on abortion was not officially within its remit. Therefore it appears that the motion was put forward to illustrate anti-choice sentiment as opposed to having any practical relevance. Wells's anti-abortion views are well known; in both the Assembly and in local media he has vocalised his opposition to abortion and lent support to the anti-abortion lobby group Precious Life. Wells has stated that he was partially in favour of the controversial St Andrews Agreement (which saw the staunchly Unionist DUP agree to share power with Sinn Fein) as it would lead to the devolution of policing and justice powers from Westminster to the Northern Ireland Assembly, and in so doing would remove Westminster's power to legislate on abortion, and instead allow Northern Ireland complete control over this matter.[11]

The second debate analysed in this chapter was tabled in 2013 in response to the opening of the Marie Stopes International (MSI) clinic six months previously. The clinic offers a range of sexual health services including early medical abortion. MSI has publicly stated that the abortions it carries out are done within the law, emphasizing that it complies with the legal framework and does not provide abortion on an unrestricted basis. Previous to its opening there was a common assumption that the law in Northern Ireland was so restrictive that very few abortions could be carried out legally. The opening of the MSI clinic challenged this perception and resulted in significant media, public and political debate on the issue culminating in a proposed amendment to the Justice Bill seeking to prevent abortions being carried out on non-NHS premises. This amendment was tabled by Paul Givan (DUP) in partnership with

Alban Maginness (SDLP) and Tom Elliot (UUP); had it passed, the amendment would have severely restricted the services offered by MSI and would likely have resulted in its closure. Due to a lack of cross-community support between the political parties (necessary in the power sharing form of governance adopted after the peace agreement signed in 1998) the amendment failed to pass. The debate is also noteworthy as it highlights how the issue of abortion in Northern Ireland is framed around the criminal law rather than as an issue of healthcare.

This chapter utilises thematic content analysis of the 2000 and 2013 debates, and has identified three particular 'myths' which are regularly cited within political debate on abortion. These include myths surrounding the safety of the act of abortion, in particular the effect on women's mental and physical health, the reasons women decide to terminate a pregnancy and the evolution of language used to describe women who seek abortion and finally the myth that making abortion illegal will decrease demand.

Myth One – Mental and Physical Health Outcomes

Myths surrounding abortion and its effects on the mental and physical health of women are common globally in anti-abortion rhetoric. The citation of mythical health complications arising from abortion attempts to position it outside the realm of a relatively simple healthcare procedure and into the sphere of a dangerous act which will ultimately impact negatively on the life of the woman who accesses it. As a result, the stigma attached to the act of abortion increases, and could be perceived as an attempt to intimidate women into continuing a pregnancy out of concern for their health.

'Post-abortion syndrome' is often cited by anti-choice groups as a consequence of abortion. Such groups claim that women regret having an abortion and subsequently suffer from negative mental health issues such as depression and anxiety. The term 'post-abortion syndrome' was first used in 1981 by Vincent Rue, a pro-life advocate, in testimony before American Congress in which he stated that he had observed post-traumatic stress disorder which developed in response to the stress of abortion.[12] The syndrome is neither recognised by the American Psychiatric Association nor the Royal College of Obstetricians and Gynaecologists and appears to have no basis in science. Major et al[13] in a consideration of studies that reported negative mental health outcomes from abortion found that methodological problems were evident within such literature and impacted on their negative conclusions. Systematic reviews of scientific literature have concluded that there are no differences in the long-term mental health of women who obtain induced abortions as compared to women in appropriate control groups.[14] As a result, it has been concluded that 'post-abortion syndrome' is a myth propagated by anti-choice groups to contribute to the stigma surrounding abortion, to deter women from having abortions and to deter medical professionals from performing abortions, particularly on women who have previously suffered from mental health issues.

Despite the fact that there is no scientific evidence to support the 'post-abortion syndrome', the possibility of negative effects on women's mental health continues to be cited as a reason to continue to criminalise abortion without any consideration of the negative effects of such criminalisation and lack of access to medical healthcare on women's mental health. Two examples of the use of myths on negative health effects are cited from the 2000 debate:

> "Following the Abortion Act 1967, five million abortions have taken place in Great Britain, where one baby is killed by abortion every three minutes. That is 500 every day, seven days a week. To put it bluntly, it is a massacre of the innocents that all too often leaves mothers mentally or physically scarred for life." Boyd, Northern Ireland Unionist Party, 2000:10
>
> "All the evidence suggests that providing abortions for people with psychiatric problems does more harm than good." Hendron, SDLP 2000:6

The 2013 debate does not make specific reference to post-abortion syndrome however, politicians make vague references to women's possible negative mental health outcomes. For example, Paul Givan of the DUP states that abortion is "known to carry risk for the expectant mother".[15] As such, it is clear that the myth of post-abortion syndrome, although disproven by scientific evidence, continues to be presented as fact.

Statements by politicians throughout the 2000 debate fail to provide specific citations of evidence. Nor do politicians demonstrate awareness that their own proclamations might play a part in maintaining the stigma around abortion and thus contribute to negative feelings experienced by some of those who have had abortions. Although an under-researched area, small scale studies exploring abortion stigma have found that cultural, familial and societal norms may contribute feelings of shame and guilt and that stigma is more heightened in societies where access to abortion is restricted.[16]

Politicians commenting in the debates have also made specific reference to physical complications arising from abortion. Two of the most common physical health consequences of abortion which are propagated by anti-abortion groups are that abortion increases a woman's risk of developing breast cancer and that abortion

decreases future fertility or ability to carry a pregnancy to full term. Both these claims have been disproven by scientific systematic reviews of evidence but continue to be claimed within the anti-abortion movement as fact. Such claims were highly visible within the 2000 debate:

> "There can be many physical complications with abortion including perforation, rupture of the uterus, pelvic infection, miscarriage in later pregnancies, infertility and death of the mother. Medical research also shows a link between abortion and breast cancer. Twenty-six studies out of 32 worldwide show an increased risk of breast cancer after an induced abortion. In the United States 12 out of 13 studies show the link" Boyd, Unionist, 2000:10
>
> "Medical evidence has proven that abortion increases the chance of breast cancer by 50%. This is another issue that presents a clear problem for women, and yet we have women's activists promoting abortion, something that will eventually lead to more women dying of breast cancer." Poots, 2000:26

The link between abortion and breast cancer was first claimed by a born-again Christian and anti-abortion campaigner, Dr Joel Brind in the early 1990s. This hypothesis has been robustly rejected by a plethora of international health bodies including the WHO, the National Cancer Institute, the American College of Obstetricians and Gynaecologists and the Royal College of Obstetricians and Gynaecologists.[17]

A 2015 study which systematically analysed studies on the links between breast cancer and found there to be no sufficient evidence to support the positive association between abortion and breast cancer risk noted that methodological issues within such

research which may affect findings.[18] The study included issues of stigma attached to reporting having had an abortion, even within countries where it is legal, which may affect the outcomes of research data collection and subsequent analysis.

In specifically considering the myth amongst anti-abortionists that abortion negatively impacts on fertility and future pregnancies, historically whilst there may have been a limited risk associated with some methods for termination, advancements in medical knowledge have improved the safety of abortion procedures, with several large scale studies noting no increased risk.[19] The statements made by politicians also fail to acknowledge the health risks of pregnancy, ignoring evidence that negative consequences of pregnancy can be severe. In a study in the USA of legally induced abortion Raymond and Grimes found evidence that the risk of death associated with childbirth is approximately 14 times higher than that with abortion.[20]

In the 2013 debate, politicians make reference to negligent care during the provision of abortion (outside of Northern Ireland) which has resulted in death or injury to women. These cases are rare and as noted in the evidence we have reviewed above, the risks associated with abortion are not comparable to risks during pregnancy. However, such cases are cited to undermine abortion providers, both by indicating that abortion is dangerous and that abortion providers are unscrupulous or negligent.

> "One of the areas of concern for me is the credibility of Marie Stopes. People do not understand that as they have not researched it. In 2001, a Marie Stopes doctor, Dr Phil Dartley, was struck off for his treatment of patients, including an Irish woman…" Ramsey, SDLP, Hansard, 2013: 56

> "I do not think that we want our women to be placed in any dangerous situation. I do not think that we ever want our women to be served by an unregulated situation." Bell, DUP, Hansard, 2013: 27

The result of claims such as those mentioned above is to make an assumption that abortion is always in some way a traumatic event that must have physical and mental health consequences on those who have an abortion. Assuming abortion to be traumatic continues to position it as the worst possible outcome for any woman and attempts to scare-monger those women who may be considering abortion by questioning their future heath. However, in reality what contributes to ensure that abortion has negative health consequences is to make it illegal and / or inaccessible, forcing women to travel, and / or to access unregulated medication or unregulated abortion services.

Myth Two – The 'Vulnerable' or 'Threatening' Woman

Discourse on abortion illustrates the shifting discursive constructions of women within particular societies and their status as autonomous subjects. There is a growing propensity globally, in line with the 'woman-centred' anti-choice discourse, to assume that those women wishing to access abortion are in some way 'vulnerable' or 'at risk'. Therefore, "restrictions on legal abortion are necessary to stop weak and irrational women from making bad decisions that harm them".[21] In this way, women who seek abortion are framed as ignorant and in need of guidance or as mentally troubled figures who are not able to make rational decisions. Consequently, women accessing abortion are analogised with women who have been the victim of rape and are in need of protection.[22] In this scenario, women who intend to access abortion are not seen as wrong or immoral, but in need of protection from their own vulnerabilities. Within the

2013 debate on abortion provision in Northern Ireland, the word ‘vulnerable’ was uttered 31 times and the word ‘protect’, 75 times.

> “I am concerned that if the amendment is rejected, an unregulated process will be ongoing that provides an opportunity for people and organisations that are possibly unscrupulous and do not have the best interests of those vulnerable women at heart. This is not about just public versus private health. This is about ensuring that all those in need of advice, treatment and support can have the confidence — and we can have the confidence — that those giving that support, treatment and advice are doing so in the best interests of those vulnerable individuals who come forward for that help... I cannot support an unregulated advice and treatment process for those very vulnerable people.” Elliot, Ulster Unionist Party, 2013:19

> “We had a real opportunity to do something very positive: to protect mothers and their unborn children. For all sorts of reasons … we have wasted an opportunity to protect the most vulnerable in our society: women in crisis pregnancy and their unborn children.” Givan, Democratic Unionist Party 2013:81

Paradoxically and often simultaneously there is also the framing of women as threatening to the foetus. This speech is a more ‘traditional’ discourse associated with women who choose to have abortions, positioning them as unwilling to have children in order to pursue careers or social lives and finding children as ‘inconvenient’. These women are positioned as selfish and undeserving of an abortion, motherhood is their punishment. Within this discourse the foetus is positioned as of central importance

with its own innate personhood, politicians are therefore again delegated as the protector of the foetus, which takes precedence over the woman's right to bodily autonomy. In this scenario the pregnant woman is presented as a wrongdoer, not a victim:

> "Surely the most vulnerable life in our society is the life of the unborn child. Those boys and girls have nobody to speak for them. They are totally reliant on what we do in this House. They are protected by the cross-community will of Northern Ireland. However, a democratic deceit has been perpetrated against them. Not for the first time, the Alliance Party has carried Sinn Féin across the line. Is it not a shame that, in our United Kingdom, the most dangerous place for a child is in its mother's womb? The place in which, by fact, it is most likely to be harmed and hurt is in the mother's womb. That is why we were right to protect life." Bell, Democratic Unionist Party 2013:23

> "Another aspect of the tragedy is the talk of the child being unwanted. Why is it unwanted? Is it because it does not suit the parents' social life? Is the child unwanted because it will disrupt their plans for the future? So, for them to have their way, this unwanted child has to be removed, so they murder him." Rev Dr William McCrea, DUP, Hansard, 2000:15

International discourse which positions women as the guilty party in abortion is waning. Leask charts the evolution of discourse (in the New Zealand context) as a move from 'bad women to mad women'.[23] Such change has been deliberately

undertaken by anti-choice lobbyists who are aware public sentiment towards women accessing abortions can often be sympathetic and as a result have had to change tactics. David Reardon (a post-abortion syndrome activist) claims a women-centred sentiment mimics the rhetoric of pro-choice activists therefore muddying the waters between pro-choice and anti-choice arguments.[24] However, such woman-centred arguments are as anti-choice as those which centre the foetus in abortion debates.

The result of continually positioning women as vulnerable is two-fold. Firstly, it continues to propagate the myth that women wishing to access abortion are in a risky or highly emotional situation where they may not be making the right choice or are open to manipulation. The result of this positioning is that it becomes easier to argue that women's mental health will be compromised by having an abortion or that they will experience regret about the abortion. Consequently, such discourses have material implications for women's life choices and their access to healthcare.

Secondly, the rhetoric of vulnerability positions women as those in need of help or protection. As noted above, the Northern Ireland Assembly is a male-dominated institution. As a result, debate on abortion is constantly conducted through the eyes of men. Northern Ireland also exhibits the conservative attitudes towards women's rights and equality observed to be typical of societies emerging from violent conflict.[25] As societies emerging from conflict attempt to 'normalise' through peace agreements and institutional reform, they may revert to conservative gender ideologies. Such societies may prefer to focus on the protection of women, which enables the continuance of male dominance rather than on creating the conditions to allow women full and equal citizenship.

The use of terms such as 'vulnerable' and 'emotive' have been typically connected to the feminine and are in binary contrast to masculine terminology of

'protection' and rationality'. The contrast between women who are those in need of abortion services yet have no voice in formal politics, and those men who make decisions about the lives of women with little knowledge of those their situations or experiences, positions those men as the rational decision makers and protectors of women who are too vulnerable or emotive to make decisions about their own bodies.

Myth Three – Illegality Decreases Demand

A common argument made within political debate is that by maintaining the restrictive law, the number of abortions will be similarity restricted. Whilst this proposition is true from the perspective of official statistics, it does not take account of those women accessing abortion abroad, through MSI in Belfast or via illegal methods. Data from the Department of Health in Northern Ireland, indicates that very few legal abortions are carried out within the National Health Service (NHS), with an average 45 per year over a 5-year period.[26] Historically there is evidence that such data was under-reported.[27] In addition, contemporary anecdotal evidence reported to the authors suggests that there are instances of medical professionals categorising abortions an alternative medical procedure.[28] Data from the Department of Health in England indicates that over a similar 5-year time period almost 1000 abortions per year were provided to women who had registered a Northern Ireland address at private clinics in England. Commentators note that this data excludes those who used a proxy address in order to prevent personal details from being recorded.[29]

Outside of limited NHS provision, there are two other sources of abortion available within the region. Early medical abortions, up to 9 weeks, are provided by MSI in their Belfast clinic. These abortions are carried out within the current legislative framework, however there is currently no legislative basis requiring MSI to

provide data to statutory bodies on their services and so the exact number of abortions provided in their clinic remains unknown. The second additional source is the use of the abortion pill from Internet providers such as Women Help Women and Women on the Web; the use of this medication allows women to self-abort at home. This method of abortion is procured illegally, however, the medication is the same used in NHS premises to treat partial miscarriage, and by MSI for abortion provision. Neither of the Internet providers have released data on how many pills they have provided to women in Northern Ireland. To sum up, there are a number of sources by which those seeking abortions may acquire it, both from within and outside Northern Ireland. The absence of data results in a distinct lack of clarity as to the extent of the number of abortions being carried out and as a result calculating the abortion rate in Northern Ireland is problematic. What is evident from the various sources however is that despite the barriers, women are accessing abortion. Women are risking criminality to access a service that is widely available elsewhere in the UK and internationally.

Accessing abortion in restrictive circumstances is of course not unique to Northern Ireland. Indeed worldwide studies have shown that not only is abortion accessed by women in regions where it is highly restricted but that often these regions have higher abortion rates than those with liberal laws.[30] In Latin America and Africa for instance, the abortion rate is 29 and 32 abortions per 1,000 women of childbearing age. These abortion rates contrast with Western Europe, where most countries have liberal laws, where the abortion rate is 12 per 1,000.[31]

The political discourse in later debates in the Northern Ireland Assembly is typified by the view that abortion does not occur in Northern Ireland. However in the first debate in 2000, both those opposing and those in support of reform considered the data related to abortions carried out legally in Northern Ireland and on those who

travel. Wells (DUP) for instance acknowledges that women travel to access abortions and that this data is evidence of a low abortion rate. Well's perspective contrasts with McLoughlin (Sinn Fein) who argues that the data relating to those who travel should not be ignored, and that the matter needs to be addressed. He does not however call for legal reform directly but that the matter warrants further considered attention:

> "As a result of this more restrictive legislation in Northern Ireland, the number of abortions carried out in the Province is quite low. There were, for instance, 77 in the year 1997-98. In addition to this, women can travel from Northern Ireland to England for an abortion. The total number carrying out this journey peaked in 1990, when 1,855 women went to Liverpool or London. This declined substantially to 1,572 in 1997. It is estimated that, in total, 45,000 women from Northern Ireland have had abortions in Britain since the passing of the Abortion Act 1967. What is quite clear from these figures is that the number of Northern Ireland women having abortions since the passing of the Act is much lower because it has not been enacted here." Wells, Democratic Unionist Party 2000:02

Although the majority of rhetoric fails to acknowledge the reality of travelling to access abortions, several politicians, including Anna Lo from the Alliance party who is openly pro-choice, acknowledge the fact that women do have abortions, just not on the island of Ireland. Ms Lo also recognises the class issue within the abortion debate, in the fact that women who can afford it can travel to Britain whereas others are forced to continue a pregnancy:

> "We must address the reality that up to 7, 000 women from this island travel to access abortion services elsewhere. Most of us know someone

> who has had such an abortion… The invisible multitudes of women who travel to other countries for abortions are prevented by our culture from discussing their experience. Abortion is very much a part of Irish life, and it is an indictment of our society that so many women from our community choose abortion." McLouglin, Sinn Fein 2000:8

> "Do Members not see how completely hypocritical it is for us to turn a blind eye to the practice of women seeking terminations elsewhere? Almost 1,500 women a year are known to have travelled, over recent years, to England to procure abortions. This is not only an equal rights issue, as this service is available in the rest of the UK, it is also to do with class. It is shameful that some Members who claim to support grass-roots communities would attempt to block women, particularly working-class women with limited financial means, from accessing local services that are available within the law at a much lower cost than having to travel outside of Northern Ireland." Lo, Alliance, 2013:62

As illustrated by the data above, it is clear that abortion is part of the lives of women in Northern Ireland despite legal restrictions. The rhetoric of politicians, which refuses acknowledge this reality, results in the financial burden for accessing healthcare being placed on women or for those women who cannot afford to travel or procure medication, being forced to continue with a pregnancy. The failure to acknowledge the true number of Northern Irish women accessing abortion results in the myth that abortion is a rare or exceptional event.

Discussion

The political discourse outlined above is illustrative of the anti-choice position adopted by many politicians in Northern Ireland. Several of whom attempt to block any reform of the law surrounding abortion or any attempt to improve access for women as shown through the Marie Stopes International example. The silence and stigma which surrounds abortion is particularly strong in Northern Ireland and allows the myths and false claims made by politicians to go unchallenged. As Campbell and Clancy illustrate (this volume), silencing has not gone unnoticed by grassroots activist groups who have attempted to challenge abortion mythology through both 'myth-busting' campaigns and educational programmes.

Alliance for Choice[32], for example, devised a 6-week feminist based educational programme, made freely available to women through community groups throughout Northern Ireland. This programme considered the legal framework around abortion and allowed women to consider the subject in a safe space. The increasing use of social media in recent years has provided another space in which to challenge prevailing myths about abortion and provide statistics and evidence to a wide audience. In addition, women who have come forward with their negative experiences of accessing abortion have provided an empathetic context within which to discuss abortion and humanise the subject.

Whilst debate on abortion is much more prevalent in the public domain and silence around the topic begins to be broken down, political discourse on abortion has begun to mirror international trends which intend to blur the lines between pro and anti-choice narratives. Such trends as noted above in section two, are premised on a 'woman-centred' approach which implies that anti-choice campaigners are acting in the best interests of women. The permeation of such narratives into political discourse in Northern Ireland illustrates the influence of anti-choice groups on politicians. In

addition, it fits with conservative narratives of gender identity and women's agency in societies coming out of conflict which position women's rights within a protectionary rather than emancipatory framework.[33]

The shift to a rights based discourse is indicative of a less dualistic debate on abortion. In older debates, language was much more judgemental towards women and their bodily autonomy whereas more recent debate is infused with a paternalistic empathy from politicians. Such debate may appear to provide more opportunity for a change in position and change within legislation however recent events contradict this. For example, the proposed changes to allow for abortion on the grounds of fatal foetal abnormality received wide support from the public, media and some political actors. However, in May 2015, despite the DUP party leader and First Minister, Peter Robinson, initially publically indicating he would allow members a free vote on the legislation, he later withdrew this support publically. Lack of support from the largest Unionist party indicates that the Bill is unlikely to pass due to cross-community support measures of power sharing.[34]

As illustrated throughout this chapter there is a clear anti-choice political rhetoric in Northern Ireland which breeds the creation and continuance of myths about abortion. Even though this rhetoric has developed to be more woman-focussed it continues to work to impede women's access to free, safe and legal abortion in the region. Discourse which is positioned as protecting women blurs the lines between anti and pro-choice messages and as a result it becomes more imperative to campaign against myths and false claims. One of the key mediums to break the silence on the issue is through women's direct experience, through the work of activist groups and individuals who have allowed their personal stories to provide insight into the reality of accessing abortion in Northern Ireland. Institutional barriers to reform of the law

on abortion in Northern Ireland has led to the situation where grassroots activism and women's voices and experiences are necessary to stimulate changes in attitudes and perceptions on the topic of abortion as policy and political discourse are so thoroughly infused with anti-choice sentiment.

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